and taking concerted action to eventually eliminating all direct and indirect advertisement, promotion and sponsorship concerning tobacco.

Health facilities in rural areas

537. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what steps are taken to augment and strengthen the basic health infrastructure in rural areas under National Rural Health Mission (NRHM);

(b) whether Government would consider providing ambulances and mobile health vans in rural areas in view of the acute shortage of basic health amenities there; and

(c) what steps are being taken to ensure mandatory posting of doctors and paramedical staff in rural areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) For comprehensive rejuvenation of public system for delivery of quality health care services on affordable and equitable basis to citizens health infrastructure at all levels have been taken up for augmentation and strengthening under the National Rural Health Mission [NRHM]. The steps proposed by the states in this regard are appraised and approved by the Govt. of India as part of the Annual Programme Implementation Plans [PIPs] of States under NRHM. Under the mission, States have set up new health facilities, undertaken construction of new buildings besides renovation of existing facilities, installation of modern health care equipments and operationalised local management of services through the Rogi Kalyan Samitis. In order to ensure appropriate referral connectivity, transport and telecommunication facilities have been provided at the health facilities. Mobile Medical Units have been approved to improve the availability of health care services in remote areas where there are shortage of health infrastructure and amenities.

Under NRHM additional Human resource has been positioned by the States and existing staff has been multi-skilled and trained through short courses. Financial and other incentives are provided by various States to Medical Practitioners to encourage them. The gaps in availability of health HR is also being compensated through mainstreaming of AYUSH providers, block pooling of service providers, engagement with non governmental providers through contracting in for services.

Global hunger index *vis-a-vis* India

538. SHRI K.E. ISMAIL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that India has been ranked a poor 65th on Global Hunger Index for 2009 on under nourishment, child malnutrition and child mortality; and

(b) if so, the gist of the report and Government's reaction to the poor performance of the country in this sector?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) India is ranked 65th on the Global Hunger Index (GHI), 2009 (as brought out by the International Food Policy Research Institute (IFPRI) - an alliance of 64 governments, private foundations, and international and regional organizations). The index is based on prevalence of child malnutrition, rates of child mortality and the proportion of people who are calorie deficient. The global hunger index for India has declined from 31.7 to 23.9 for the period 1990 to 2009.

The percentage of children under age three who are underweight has declined from 52 percent, as per the National Family Health Servey 1 (1992-93) to 40 percent, as per the National Family Health Survey 3(2005-06). The rate of under five mortality has declined from 117 per thousand live births in 1990 to 72 in 2007, as per the State of the World's Children 2009.

(b) As per the Global hunger index 2009 report, released by the International Food Policy Research Institute, 29 countries have levels of hunger that are alarming or extremely alarming. The countries with the highest 2009 GHI scores are Burundi, Chad, the Democratic Republic of Congo, Eritrea, Ethiopia and Sierra Leone. In most of the countries with high GHI scores, war and violent conflict have given rise to widespread poverty and food insecurity. Nearly all the countries in which the GHI rose since 1990 are in Sub-Saharan Africa.

The government is implementing the Integrated Child Development Services (ICDS) Scheme, Mid-Day Meal Scheme, Wheat Based Nutrition Programme (WBNP), Annapurna Scheme, Nutritional Programme for Adolescent Girls, Village Grain Banks Scheme. Under the Reproductive and Child Health (RCH) programme, Nutritional Rehabilitation Centres are being set up to treat malnourished children.

Availability of life saving drugs

539. SHRI N. BALAGANGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has received any report with regard to the shortage of life saving drugs in the Government hospitals in the country, particularly in Tamil Nadu; and

(b) if so, the steps taken by Government to ensure the availability of the life saving drugs in Government hospitals in the country, particularly in Tamil Nadu?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) No such report has been received so far in the Ministry of Health and Family Welfare. Health being a state subject the information regarding shortage of the saving drugs in Government Hospitals in the country is not centrally maintained.